

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ryan 2. Surname (Last Name) Adam 3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr. David Stoltz

5. Manuscript Title
Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)
86183-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Adam reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Janel 2. Surname (Last Name) Barnes 3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr. David Stoltz

5. Manuscript Title
Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

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NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Ms. Barnes' institution reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study; Ms. Barnes herself received no funding from these institutions during the relevant time periods.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joseph

2. Surname (Last Name) Cavanaugh

3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Dr. David Stoltz

5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it) 86183-INS-CMED-TR-2

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Are there any relevant conflicts of interest? Yes No

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NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X

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Are there any relevant conflicts of interest? Yes No

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Generate Disclosure Statement

Dr. Cavanaugh reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study. Dr. Cavanaugh did not receive funding from these grants, but they provided support for other co-authors.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Dodd	3. Date 23-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities		
6. Manuscript Identifying Number (if you know it) 86183-INS-CMED-TR-2		

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Generate Disclosure Statement

Dr. Dodd has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anthony 2. Surname (Last Name) Fischer 3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr. David Stoltz

5. Manuscript Title
Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Fischer reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charles G	2. Surname (Last Name) Gallagher	3. Date 23-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities		
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Gallagher has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brenda	2. Surname (Last Name) Grogan	3. Date 23-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities		
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Section 6. Disclosure Statement

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Dr. Grogan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas

2. Surname (Last Name) Gross

3. Date 23-February-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name Dr. David Stoltz

5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

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NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X

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Generate Disclosure Statement

Dr. Gross' institution reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study; Dr. Gross himself received no funding from these institutions during the relevant time periods.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katherine	2. Surname (Last Name) Hisert	3. Date 23-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corresponding Author's Name Dr. David Stoltz
5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities		
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Dr. Hisert has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Hoffman

3. Date
23-February-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr. David Stoltz

5. Manuscript Title
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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
VIDA Diagnostics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eric Hoffman is a founder and shareholder of VIDA Diagnostics, a company commercializing lung image analysis software developed, in part, at the University of Iowa	X
						ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Generate Disclosure Statement

Eric Hoffman is a founder and shareholder of VIDA Diagnostics, a company commercializing lung image analysis software developed, in part, at the University of Iowa.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Janice 2. Surname (Last Name) Launspach 3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr. David Stoltz

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Generate Disclosure Statement

Ms. Launspach reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
McKone

3. Date
23-February-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr. David Stoltz

5. Manuscript Title
Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)
86183-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
PTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Pharmaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. McKone reports a grant from Vertex, during the conduct of the study; personal fees from Gilead, personal fees and non-financial support from Novartis, personal fees from Vertex, personal fees from PTC, personal fees from Pharmaxis, outside the submitted work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jered 2. Surname (Last Name) Sieren 3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr. David Stoltz

5. Manuscript Title
Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)
86183-INS-CMED-TR-2

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Employee and Share holder of VIDIA Diagnostics Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIDA is a software analysis company, the work above was completed when I worked at the University of Iowa

X

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Sieren reports other from Employee and Share holder of VIDA Diagnostics Inc. , outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pradeep 2. Surname (Last Name) Singh 3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr. David Stoltz

5. Manuscript Title
Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)
86183-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CF foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 1. Identifying Information

1. Given Name (First Name) David 2. Surname (Last Name) Stoltz 3. Date 23-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it)
86183-INS-CMED-TR-2

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Stoltz reports grants from NIH, grants from CFF, grants from Vertex, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael

2. Surname (Last Name) Welsh

3. Date 23-February-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Dr. David Stoltz

5. Manuscript Title Acute Administration of Ivacaftor to People with CF and a G551D-CFTR Mutation Reveals Smooth Muscle Abnormalities

6. Manuscript Identifying Number (if you know it) 86183-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
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CFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was funded in part from an unrestricted grant from the Vertex Investigator-Initiated Studies Program.	X
ADD						

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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